



DEPARTMENT OF THE ARMY
HEADQUARTERS, 3D CORPS SUPPORT COMMAND
UNIT 29620
APO AE 09096

REPLY TO
ATTENTION OF

AETV-SCR-M

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: 3d Corps Support Command (COSCOM) Policy Memorandum #26, U.S. Civilian Fitness Program (CFP)

1. REFERENCES:

- a. AR 600-63, 28 April 1996, Army Health Promotion.
- b. DA PAM 600-63 (1-13), 01 July 1987, Fit To Win, The Army's Health Fitness Program.
- c. Memorandum, 3D COSCOM, AETV-SCR-M, 23 March 2000, subject: Work Schedule Policy for U.S. Civilian Employees.

2. PURPOSE. To establish procedures for 3D COSCOM U.S. civilians to participate in subject CFP. This program allows U.S. civilian employees up to three hours of excused absence per week to engage in a formal exercise program. Employees may participate in the program - one time - for six months.

3. APPLICABILITY. U.S. civilian employees assigned to 3D COSCOM.

4. PROCEDURES:

- a. Supervisors of U.S. civilians will:

(1) Establish a start date and fitness schedule that designates the time during the workweek for program participation. Up to 3 hours per week will be annotated as administrative leave on the timesheet during the 6-month period of participation in the program. Supervisors should consider mission requirements, along with employee preference, when determining the CFP schedule.

(2) Monitor employee participation in the program to ensure that allotted time is being used properly. Supervisors have absolute discretion to terminate an employee's participation upon determination that the employee is not using the allotted time for program purpose and/or to change the designated schedule to meet mission requirements.

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(3) Discuss with participants work schedule options illustrated in reference 1.c. so individuals can continue to exercise following the initial 6-month program.

b. Program participants will:

(1) Complete the civilian fitness enrollment forms listed below:

(a) Health History Questionnaire (encl 1).

(b) Medical Considerations (encl 2).

(c) Informed Consent with Release of Liability (encl 3).

(d) Participation Agreement (encl 4).

(e) Fitness Assessment Referral and Medical Approval Form (encl 5).

(f) Form DD 1556, Request, Authorization, Agreement, Certification of Training and Reimbursement (instructions for completing form are at encl 6).

(2) Obtain date, time, and location to enroll in the CFP by contacting the Area Support Group (ASG) Health Promotion Coordinator (HPC) or Base Support Battalion (BSB) Community Fitness Coordinator (CFC) servicing their unit. The HPC will perform a fitness assessment by reviewing the application forms above and enroll the participant or forward at-risk individuals for medical screening. The CFC will collect the completed health screening forms from the HPC, review them, and make specific exercise program recommendations based on individual needs and limitations.

(3) Maintain a goal sheet (encl 7) and an activity register (encl 8) to record CFP activity (date, activity, time, and location). These forms will be used to track CFP participation and will be available for periodic review by supervisors.

5. Criteria for the CFP are as follows:

a. Participation will take place within the confines of the installation.

b. Exercising will be performed independently. Activities involving contact or “team” participation will not be included. Suggestions for execution of this program include walking, jogging, running, and/or utilizing the fitness center equipment to work out.

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c. The allotted 3 hours of excused absence per week will not exceed 1 hour per day, including preparation time.

d. Any medical fees incurred and/or any fees associated with the CFP activities are the responsibility of the participant.

6. This memorandum and all enclosures may be obtained by accessing the following website: www.3coscom.wiesbaden.army.mil: go to 3D COSCOM STAFF; go to RESOURCE MANAGEMENT, go to MANPOWER/MANAGEMENT DIVISION.

7. "Sustaining the line!"

8 Encls
as

//ORIGINAL SIGNED//
VINCENT E. BOLES
Brigadier General, USA
Commanding

DISTRIBUTION:
A

1. Name _____ Unit/Dept/Sec _____
2. Work Phone: _____ Email Address: _____
3. Sex (circle one): MALE FEMALE Age _____ Date of Birth _____
4. Person to Contact in Case of Emergency:
Name _____ Relationship _____ Phone _____
5. Are you taking any medications or drugs? YES NO
If yes, please list drugs (incl. supplements) _____
Why do you take the drug? _____
6. Does your doctor know you are participating in an exercise program? YES NO
7. Do you currently participate in exercise regularly? YES NO
If yes please describe your exercise activity: _____
How many days per week? _____ How much time each time? _____
8. Do you have, or have you had any of the following (circle Yes or No to each):
- | | | | |
|--|-----|-----|----|
| a. History of heart problems, chest pain or stroke | YES | NO | |
| b. High Blood Pressure. | YES | NO | |
| c. Any chronic illness or condition | YES | NO | |
| d. Difficulty with physical exercise | YES | NO | |
| e. Advice from physician not to exercise. | YES | NO | |
| f. Recent surgery (last 6 months). | YES | NO | |
| g. Pregnancy (now or within last 3 months) | YES | NO | |
| h. History of breathing or lung problems | YES | NO | |
| i. Muscle, joint or back disorder, or any previous injury still affecting you. | YES | NO | |
| j. Diabetes or thyroid condition | | YES | NO |
| k. Obesity
(More than 20 lbs over ideal body weight) | YES | NO | |
| l. History of heart problems in your family
(Parents, siblings, cousins) | | YES | NO |
9. Do you currently smoke? YES NO
If yes, # years _____ # cigarettes/day _____

Please describe YES answers and explain any other conditions that may limit exercise:

Participant's Signature _____ Date _____
Reviewed by _____ Date _____

CIVILIAN FITNESS ENROLLMENT PACKET

MEDICAL CONSIDERATIONS

Before engaging in a moderate physical conditioning program, certain medical or health issues need to be addressed. This is especially important if you are over 40. Occasionally, diseases are present which the individual is not aware of. This is often true in the beginning stages of cardiovascular (heart and blood vessel) disease — especially as an individual gets older. These undetected or “sub clinical” diseases may cause problems when a vigorous exercise program is begun.

Ask yourself these key questions to see if you should get a medical screening:

- | <u>YES</u> | <u>NO</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said you have heart trouble or high blood pressure? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you have chest pain while exercising or any other time? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you lose your balance or lose consciousness as a result of dizziness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you become extremely short of breath with mild exercise/exertion? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you feel frequent skipped heartbeats? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you ever experience blurred vision while exercising? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you have a muscle/bone/joint problem aggravated by physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are you over age 65 and not accustomed to vigorous exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Are you >20 lbs. over ideal body weight and not accustomed to exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? |

**If you
answered**

Yes to one or more questions

If you answered any of the above questions with a “YES”, you must get a health screening from your basic medical treatment facility before beginning the Targeting Fitness Program or any moderate to vigorous activity.*

Postpone program

Until after medical evaluation, and you receive approval from your physician for...

- unrestricted physical activity, starting off easily and progressing gradually
- or -
- restricted or supervised activity to meet your specific needs, at least on an initial basis. Check in your community for special programs or services.

No to all questions

If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for

- a graduated exercise program -- a gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort
- a fitness appraisal

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If you have a temporary minor illness, such as a common cold.

*The small numbers of problems that are identified are usually referred for further testing and, in many cases, a specifically designed exercise program is offered to provide good fitness training while preventing further complications. It is not designed to detect unfit individuals, but to identify and treat potential medical problems before they occur.

CIVILIAN FITNESS ENROLLMENT PACKET
INFORMED CONSENT with RELEASE OF LIABILITY

The undersigned hereby gives informed consent to engage in a series of health and medical evaluations including a Fitness Assessment. The purpose of this assessment is to determine my physical fitness and health status. The entire Fitness Assessment should take no more than one hour of my time. All records and results from this testing will be held in strict confidence unless my written consent is obtained. The assessment will include the following:

1. **Blood Pressures and Pulse.** A blood pressure cuff will determine **Blood Pressure**. Pulse will be determined by palpating the brachial artery in the wrist.
2. **Body Composition** will be determined by two assessment methods to include; **Body Mass Index (BMI)** that is based upon Body weight and height, **Waist to Hip Ratio** which is composed of measuring the circumference of the hip and waist with a tape measure.
3. **Cardiorespiratory Fitness** will be determined using a **3 Minute Step Test**. Cardiorespiratory fitness is defined as the ability of the heart and lungs to provide oxygen to the muscles. The Step Test involves measuring the heart rate in the recovery period following three minutes of stepping. The recovery heart rate becomes lower in individuals who exercise regularly, indicating a more efficient heart. Individuals with medical issues that contraindicate them from participating may elect to do the optional one-mile walk screening.
4. **The Sit and Reach Test** measures flexibility of the muscles in the back of the legs and trunk. Flexibility is defined as the range of possible movement in a joint or group of joints.
5. **Health Enrollment Assessment Review.** This is a health risk-screening tool that will be used to screen health risks. A computer analyzes the completed form and a Health Appraisal will be mailed to me at the address listed on the form. The results of the computer screening are entered into my medical record at the military medical clinic in my area.

There are numerous benefits to participation in the fitness program. I will have the opportunity to learn how to improve my diet, lose weight, manage stress, and how to exercise safely and effectively. Improving these health practices is thought to improve my overall health status and functional ability. I understand that the Civilian Fitness Program entitles me to exercise during duty time up to three hours a week for 6 months. I understand that if I choose to use Fitness Classes, Personal Trainers, Exercise Gear, etc. that the cost is my financial responsibility.

I realize that participation is voluntary and that I may withdraw from the Civilian Fitness program at any time at no prejudice to me. I am fully aware of the possible risks of personal injury, illness, and property damage loss associated with the activities in which I intend to participate, and acknowledge that I am assuming both the responsibility for safeguarding myself and my property as well as the risk of any injury, damage, or loss that may occur as a result of my participation. Careful medical screening prior to entering the program minimizes these risks. If further diagnostic or therapeutic care is needed, I understand that it is my financial responsibility.

In consideration for the permission given to me by the United States and the U.S. Army through its officers, agents and employees, I hereby release and forever discharge the United States and the U.S. Army, and all of its officers, agents, employees and volunteer staff, acting officially or otherwise, from any and all claims for personal injury, illness or death or for loss or damage to personal property which may occur as a consequence of my participation in this program as well as any activity incidental to my participation. I further agree that neither I nor my heirs, administrators, executors, and assignees will ever prosecute or in any way aid in prosecuting any demand, claim, or suit against the United States Government, the U.S. Army, and all of its officers, agents, employees and volunteer staff acting officially or otherwise for personal injury, death, or property loss or damage as a consequence of my participation in the program.

I have had my questions answered to my satisfaction about this program. I understand that if I have additional questions, I may contact the CHPPM-EUR Department of Health Promotion and Wellness at 486-7099/8555.

(Signature)

(Date)

(Witness)

(Date)

Encl 3

CIVILIAN FITNESS ENROLLMENT PACKET
PARTICIPATION AGREEMENT

***Make a copy for your records and a copy for your supervisor. You are not enrolled until you receive the Civilian Fitness Enrollment Approval Form and give it to your supervisor.**

Name of Employee: _____
APO Address: _____
Work phone: _____ FAX Number: _____
Name of Supervisor: _____
Supervisor's Email: _____

AGREEMENT

1. We understand and agree that (employee name) _____ will be participating in the command-sponsored Civilian Fitness Program for 3 one-hour sessions each week for a total of 78 hours over a consecutive 6 month period beginning _____ (Civilian Fitness Wellness Assessment Date) and ending _____ (6 months after Wellness Assessment Date). We understand and agree that the specified exercise location will be the place of duty during authorized exercise periods, as follows: exercise periods will be on the following days of the week ____/____/____, at the following inclusive time _____ to _____, and at the following location _____.

2. We also understand and agree that:

(NOTE: The following are examples that may be individually amended or deleted according to the sponsoring Commander's guidance. This list is not necessarily all-inclusive).

---Exercise days, times, and/or locations may be periodically amended only with prior approval of the supervisor, and amendment of this agreement.

---Unused exercise hours may not be carried forward to subsequent weeks.

---The program end date will not be extended to make up for exercise periods missed because of leave, temporary duty, or other reasons.

---Exercise periods may be combined with only one of the following: morning break, afternoon break, lunch period.

---No additional duty time is automatically authorized, as part of this Program, for pre-exercise preparation (e.g., changing clothes) prior to exercise periods, or for personal hygiene or "cooling down" following exercise periods.

---Specified exercise periods may not be used for any non-duty purpose. Any period or portion thereof not used in actual fitness training and exercise will be spent in the normal duty workplace accomplishing normal duties.

---Exercise periods are official duty time. Failure to appear, inappropriate use of exercise time, or misconduct during these periods would be considered as workplace infractions occurring during normal duty hours, and would be subject to the same disciplinary actions.

--- Employee understands that if he/she chooses to use Fitness Classes, Personal Trainers, Exercise Gear, etc. that the cost is his/her financial responsibility.

3. As participant, I, the employee, will sign in and out from exercising at the gym or with my supervisor. I agree to file my goals and exercise routine in the file that will be kept by my supervisor. I understand that I must complete the final wellness assessment to complete the program. **My supervisor and I understand that I am not authorized to start the Civilian Fitness Program until I receive my Civilian Fitness Program Enrollment Approval Form stating that I have met all requirements to begin the program.**

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____

If you have any questions regarding the Civilian Fitness Program process please contact the CHPPM-EUR Department of Health Promotion and Wellness at DSN 486-7099/8555 or CIV 06371-86-7099/8555.

CIVILIAN FITNESS ASSESSMENT PACKET
FITNESS ASSESSMENT REFERRAL & MEDICAL APPROVAL FORM
(Only for Participants requiring additional medical screening to start Civilian Fitness)

FITNESS ASSESSMENT REFERRAL TO HEALTH CARE PROVIDER

Dear Health Care Provider,

Date: _____

Your patient, _____, desires to participate in the physical fitness component of the US Army Center for Health Promotion and Preventive Medicine Europe Civilian Fitness Program. The Wellness Assessment screening identified the following health risk factors:

- ☐ Age: 40 years or more (male), 50 years or more (female) with significant risk factors
- ☐ Elevated blood pressure: ____/____ mm/Hg.
- ☐ Diabetes
- ☐ Obesity
- ☐ Family history of cardiovascular disease in parents or siblings prior to age 55
- ☐ Symptoms or signs suggestive of cardiopulmonary disease
- ☐ Known cardiac, pulmonary, or metabolic disease
- ☐ Has not been recently (within 6 months) involved in a regular moderate exercise program

Other: _____

We request that your patient to obtain clearance from you prior to participation in the Civilian Fitness Program.

Please complete the Health Care Provider Approval Form below and return it to the patient.

Sincerely,

Fitness Assessment Provider

-----Do not separate-----

MEDICAL APPROVAL BY HEALTH CARE PROVIDER

Patient name _____ Phone _____
(Print)

has medical approval to participate in the physical fitness component of the Civilian Fitness Program. I understand that the program includes mild to moderate intensity exercise, and may be conducted in unsupervised groups or individually. I also understand that participation is voluntary, allowing the participant to stop and rest at any time he or she desires. Participants will be authorized to exercise at or near the fitness facility on their installation.

If the participant is restricted from performing certain exercises, please list restrictions and suitable exercises that may be substituted in the space provided below.

The following exercise restrictions and substitutions apply (if none, so state):

Health Care Provider's Signature _____ Date _____

Provider's Name/Stamp _____

Office telephone number _____ Email Address _____

Participant: Fax completed approval to local Health Promotion Office at XXX-XXXX or XXXXX-XX-XXXX.
Questions? Call the local Health Promotion Office at XXX-XXXX or XXXXX-XX-XXXX.

Additional questions regarding the Civilian Fitness Program process may be directed to the CHPPM-EUR Department of Health Promotion and Wellness at DSN 486-7099/8555 or CIV 06371-86-7099/8555.

CIVILIAN FITNESS

Your Exercise Prescription

GOAL SHEET

X Set realistic goals!! (Lose weight, Develop skills to manage stress, Increase endurance)

X Make sure you follow through with the rewards you set, but only if you reach your goals.

My Long Term 6-month GOALS are: _____

My Reward will be: _____

Short Term GOALS:

<u>MONTH</u>	<u>GOAL 1</u>	<u>GOAL 2</u>	<u>GOAL 3</u>	<u>GOAL 4</u>	<u>REWARD</u>
ONE					
TWO					
THREE					
FOUR					
FIVE					
SIX					

CIVILIAN FITNESS

Activity Roster

Record All Gym Visits, Health Education Classes, Etc and return to your supervisor to be filed in your Civilian Fitness File.

-----*Make copies before using.*-----

Participant name: _____ Supervisors Signature _____

Month: _____

DATE	ACTIVITY	TIME	LOCATION

Encl 8

Fitness Coordinators

CIVILIAN FITNESS ENROLLEMENT PACKET
(Must be approved by local CPO)
Instructions for Completing DD 1556

Participants may obtain a DD 1556 to complete through Formflow or through the USAREUR Pubs.
Website at: <http://web1.whs.osd.mil/icdhome/DD1500-.htm>

NOTE: Participants must present to their Wellness Assessment with a completed DD 1556 signed by their Supervisor to be accepted into the CIV FIT Program.

1. Complete Section A – Trainee/Applicant Information

Block 15 – Leave Blank

2. Complete Section B – Training Course Data with the following information:

Block 17 – Civilian Fitness Program

Block 18 – The Civilian Fitness Program is a six-month program that authorizes the full time employee to exercise up to three hours a week during duty time. Exercise will take place at or near the installation fitness center where they work. The program is designed to encourage a regular program of exercise, leading to positive health habits and an improved quality of life.

Block 19 – a. CHPPM-EUR DHPW

b. CMR 402, APO AE 09180

c. Fitness Center at Employee's Duty Location

Block 20 – a. 4e. N/A

i. 3

b. 5

f. U

j. 6

c. A

g. 1

k. N/A

d. 0

h. 1

l. 4

Block 21 – a. 75

b. 0

c. 75

Block 22 – a. N/A

b. N/A

c. N/A

Block 23 – a. Enter the date of your Wellness Assessment.

3. Complete Section C – Cost Information.

Block 24 – X in the box and skip the remainder of questions in Section C.

4. Complete Section D – Approval/Concurrence/Certification

Block 32 – Enter Supervisor's information and obtain signature.

Block 33 – Enter Supervisor's information and obtain signature.

Block 34 – a. Name of ASG Health Promotion Coordinator

b. Phone number

c. Health Promotion

Block 35-38 – Leave Blank.

Submit the completed DD-1556 at your Wellness Appointment. You must have your supervisor's signature in Blocks 32c and Blocks 33c in order to start the Civilian Fitness Program. If you have any questions regarding the Civilian Fitness Program process please contact the CHPPM-EUR Department of Health Promotion and Wellness at DSN 486-7099/8555 or CIV 06371-86-7099/8555.

